

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 45a Langham Gardens

Inspection report

45a Langham Gardens
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook this announced inspection on 3 and 8 November 2017. Hoffmann Foundation for Autism - 45A Langham Gardens is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medication. At this inspection the service was providing care for five people living in a supported accommodation scheme at the same address.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service had autism and communication difficulties. They were unable to provide us with feedback. We however, received feedback from relatives and professionals who told us that they were satisfied with the care provided. The service had arrangements for safeguarding people. There was a safeguarding adult's policy and support workers were aware of action to take when they suspected abuse had taken place. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. People's care needs and potential risks to them were assessed and support workers were aware of these risks. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. This ensured that support workers were aware of action to take to ensure the safety of people.

Infection control measures were in place. support workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy. The service kept a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, staff fire training and risk assessments.

Support workers were carefully recruited and their files contained evidence of required checks. They had received essential training and were knowledgeable regarding the needs of people. Teamwork and communication within the service were good. There were arrangements for support and supervision of care workers.

People's healthcare needs were monitored and appointments had been made with healthcare professionals when required. The service had suitable arrangements for assisting people with their dietary needs.

There were arrangements for encouraging people to express their views and experiences regarding the care provided and management of the service. Support workers prepared appropriate and informative care plans which involved people and their representatives.

The care of people had been subject to reviews with their relatives and representatives. With one exception, support workers were able to meet the needs of people. One person whose needs could not be met was awaiting a move to appropriate accommodation.

The service assisted people in accessing suitable activities in the community. This ensured that they received social and mental stimulation. People knew who to complain to if they had concerns.

Support workers worked well together and they had confidence in the management of the service. Audits and checks of the service had been carried out by the policy and safeguarding manager and the registered manager.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had arrangements for safeguarding people. Where allegations of abuse were received, the service had taken action to deal with it.

The required staff recruitment checks were in place. There were safeguarding arrangements for people.

Risk assessments and guidance for minimising potential risks and preventing harm to people had been provided. .

There were suitable arrangements for the management of medicines.

Infection control measures were in place.

Is the service effective?

Good ●

The service was effective. Support workers had been provided with essential training and support to do their work.

Care workers had received appraisals and supervision sessions.

People's care needs and choices were assessed and responded to. People were supported in accessing healthcare services when needed. Their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity. Care workers were able to communicate and form positive relationships with people.

People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and addressed people's individual needs and choices. Reviews of care took place with people and their representatives.

Complaints recorded had been promptly responded to.

Is the service well-led?

Good ●

The service was well-led.

Support workers worked well together. Audits and checks had been carried out by the registered manager and senior staff of the company. These lead to improvements being made where deficiencies were identified.

A satisfaction survey was carried out recently. People's representatives and support workers expressed confidence in the management of the service. .

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 and 8 November 2017 and it was announced. We brought forward our inspection due to a safeguarding incident which was brought to our attention by the provider. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection team consisted of one inspector. We visited the provider's personnel department based in Harrow on 8 November to examine recruitment records. Before our inspection, we reviewed information we held about the service. This included notifications from the service and reports provided by the local authority.

There were five people living in the supported living scheme. Two people had gone away on holidays and were due to return later the same day. We tried to engage people in conversation but communication difficulties were experienced. We spoke with the registered manager, deputy manager and four support workers. On the second day we spoke with the human resources manager and the head of operations. We observed care and support in communal areas but did not visit people's bedrooms as permission had not been given by them or their representatives. We obtained further feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for four people and their medicine administration record (MAR) charts. We examined seven staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

Relatives of people who used the service told us that they had no concerns regarding the safety of people. They told us that people were safe when cared for by support workers. One relative said, "They treat my relative with respect. Whenever I visit, the premises are clean and tidy. My relative has clean clothes on and had also been given their medication." A second relative said, "My relative has settled well and is very safe. Staff can handle my relative's behaviour and keep my relative safe."

Care professionals were happy with the care provided by the service. One social care professional told us that their client was healthy and they had no concerns regarding the competence of support workers or the environment that people lived in.

We observed that support workers had ensured that people were cleanly dressed and people appeared well cared for. Support workers were pleasant and they interacted warmly with people.

We examined seven staff recruitment records. These contained the required documentation such as a criminal records disclosure, application forms, contracts, references, evidence of identity and permission to work in the United Kingdom. We noted that one support worker with issues associated with their recruitment application did not have a risk assessment or any special supervision arrangements following their appointment. This omission may put people at risk of receiving unsafe care. The new registered manager and new human resources manager informed us that in future, risk assessments would be carried out in such situations. They also informed us that special supervision arrangements were now in place. This was confirmed by the head of operations.

Support workers had received training in safeguarding people. They knew that all people needed to be treated with respect and protected from discrimination. They could give us examples of what constituted abuse. They knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. At the time of this inspection, one safeguarding incident was being followed up by the local safeguarding team. The provider had identified a safeguarding incident and taken action against support workers involved. This was notified by them to both the local safeguarding team and the CQC. The service had co-operated with the local safeguarding team to ensure the safety and protection of people who used the service. Although the matter had not yet been closed by the safeguarding team, guidance had already been issued to support workers to prevent a re-occurrence. In addition, unannounced checks and closure supervision of staff had been introduced. Senior management staff including the chief executive officer and director of operations had informed us of their commitment to ensure that people are protected from abuse.

We looked at the staff rota and discussed staffing levels with the registered manager. On the days of inspection there were a total of five people who used the service. The staffing levels normally consisted of the registered manager, deputy manager and four support workers during the day shift and two support

workers on duty during the night shift. There were additional support workers to provide one to one support to people when needed. Relatives we spoke with informed us that there were usually sufficient care workers to ensure the safety of people. However, two relatives were unsure if people always received the one to one care they were allocated. The registered manager stated that support workers had been allocated in accordance with their agreed care arrangements. He provided us with documented evidence of this. He further stated that higher staffing levels were arranged for people when they went on holiday. Care workers we spoke with told us that there were usually sufficient numbers of support workers and they were able to attend to their duties.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with neglect, antisocial behaviour and travelling in the community. Care workers informed us that they had received training in the management of people with behaviour which challenged the service. This was evidenced in the staff records. We also observed that support workers were able to manage people with such behaviours. This was also confirmed by relatives and professionals involved.

Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. Four fire drills had been carried out in the past twelve months so support workers and people knew what to do in the event of a fire to keep people safe. Support workers had been provided with fire safety training. There was a fire risk assessment for the supported living accommodation.

The service had a medicines policy which provided guidance to support workers. There were suitable arrangements for the recording, storage, administration and disposal of medicines. The daily temperatures of the room where medicines were stored were monitored and were within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by support workers involved. There was a system for auditing medicines. This was carried out by the registered manager and senior staff of the organisation. There were no gaps in the five medicines administration records (MAR) examined. People we spoke with told us they had been given their medicines.

Support workers assisted people in keeping their premises clean and no unpleasant odours were noted. Support workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. The registered manager and care workers were aware that soiled laundry needed to be washed using the sluice cycle or at a sufficiently high temperature.

The registered manager stated that care workers checked the hot water temperatures prior to assisting people with showers and baths. However, documented evidence was not seen by us. Soon after the inspection, the registered manager sent us their form and informed us that they would be recording the hot water temperatures.

A record of accidents had been kept and where appropriate, guidance was provided in the care records for support workers on preventing re-occurrences. We noted that the service had learnt from reviews and investigations following a recent incident. The service had taken action and reviewed their policies. Closer monitoring of various aspects of the service had been put in place. Support workers also demonstrated an awareness of triggers and signs to look for which indicated that a person was upset. This enabled them to either defuse the situation or ensure that people were kept safe.

Is the service effective?

Our findings

Relatives of people using the service told us that care workers were competent and they were satisfied with the care provided. One relative said, "I am satisfied with the care provided. The staff tell me when they take my relative to the doctor. My relative has been given the required food and is about the same weight as previously." A relative said, "My relative has special food and eats well. They took him to the dentist when it was needed. Staff also arranged GP appointments."

Two care professionals stated that support workers were professional in their approach and there was a really good staff team who were able to meet the needs of people.

There were arrangements for monitoring the healthcare needs of people. Care records of people contained a section with important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or healthcare problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. People were supported to have their annual health checks with their GPs. A healthcare professional informed us that the service co-operated well with them in ensuring that the healthcare needs of people were met.

People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people. The registered manager stated that the service promoted healthy eating and ensured that people ate a balanced diet. Support workers we spoke with were aware of people who needed special diets such as "halal" and non-pork diets. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. Relatives informed us they had no concerns regarding the meals provided.

Support workers had been provided with essential training to enable them to meet the needs of people. We saw copies of their training certificates which set out areas of training. Training which had been provided included food hygiene, first aid, equality and diversity, safeguarding adults, health and safety, fire training and the administration of medicines. Support workers we spoke with confirmed that they had received the appropriate training for their role and it included training on managing people with behaviour who challenged the service. They could tell us what they did to manage such behaviour both in their accommodation and in the community.

Newly recruited support workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. Three of the support workers had started the 'Care Certificate' and two had completed it. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Support workers said they worked well as a team and received the support they needed. The registered

manager had carried out supervision and annual appraisals. Support workers confirmed that this took place and we saw evidence of this in the staff records. We observed that support workers had allocated duties such as food preparation, taking people out for a drive and administering medicines. They went about their duties calmly.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's mental condition risks to their safety had been assessed. We noted that the registered manager had requested from the funding authorities that applications to the court of protection be made for people who needed them. The registered manager and support workers were aware of the need to record best interest decisions and consult with people's representatives when needed.

The service had the support of a psychologist and behaviourist who analysed incidents involving people who used the service. Results of their analysis were shared with support workers so that the needs of people can be met. A member of staff who had a background in biological science was involved in devising exercises for a person in order to improve their mental stability. A computer was made available for a person who enjoyed using it to listen to music and play games. The registered manager informed us that their policy and compliance manager regularly checked the Clinical Institute of Excellence (NICE) website for updates on improving the care provided for people who used the service.

Is the service caring?

Our findings

Relatives told us that people were well treated and support workers listened to their views. One relative said, "Staff treat my relative with respect and dignity. They can communicate well and are aware of my relative's needs. My relative is happier now." Another relative said, "Staff are always helpful. They treat my relative with respect."

A healthcare professional informed us that they had observed support workers interacting with people and their family members. This professional stated that they were impressed with the kind, pro-active and compassionate way support workers interacted with people. A social care professional told us that their client was happy and they witnessed support workers treating people with "utmost respect and patience".

We observed positive and caring interactions between support workers and people. We saw that people were carefully supervised. Support workers were respectful and there were appropriate interactions between support workers and people. We noted that one person on several occasions was restless. The registered manager and support workers responded calmly and spent time talking and reassuring this person. The person concerned responded well and soon calmed down. On another occasion the support worker discreetly supervised a person who was walking quickly around the garden and spoke calmly with them while allowing them freedom of movement.

Care plans included information that showed people's representatives had been consulted about people's needs including their spiritual and cultural needs. The service had a policy on ensuring equality and promoting diversity. Support workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and personal background. Some people had special diets due to their religious background and this had been responded to. Another person attended a place of worship each Sunday accompanied by a support worker. These arrangements were confirmed by relatives we spoke with.

Support workers said they were aware of the importance of protecting people's privacy and knocking on bedroom doors before entering. They said they would explain to people what they were about to do when they assisted people with personal care. They stated that when they provided personal care they would ensure that doors were closed. They also stated that if people exposed themselves in the community, they would ensure that people's clothing was properly adjusted.

There was detailed information in people's care plans about their life history, interests and methods of communication. Support workers we spoke with demonstrated a good understanding of people's special needs. They knew people's daily routines and their likes and dislikes. When we discussed the care of a person with a care worker, they could tell us what the person enjoyed doing and what they liked to eat. Another support worker was able to tell us about the activities that people participated in and where these activities were held. For example, one person enjoyed using the computer and another enjoyed going out for drives. Relatives told us that support workers understood the needs of people and communicated well with them.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that one person used Makaton sign language and support workers were familiar with using it with them. Support workers were familiar with the use of signs, gestures and objects of reference used by people. We saw that Information such as menus and care plans were in pictorial form. The registered manager also stated that they used a computer to assist them in communicating with a person who enjoyed using the computer for music and movies. He stated that they used the inclusive technology computer software for service users to communicate and learn new skills.

Is the service responsive?

Our findings

Relatives informed us that they were generally satisfied with the care provided. One relative said, "My relative has had a care review this year. We are quite happy. There are activities although we feel more activities should be provided." A second relative said, "My relative is calmer and more engaged now. Previously, my relative experienced difficulties and was difficult to manage. I can talk to the manager. If there are problems, he will resolve them."

A healthcare professional stated that support workers demonstrated a high level of understanding of people's mental and physical well-being. A social care professional stated that their client was well cared for.

The service had a complaints procedure and this was on display on the notice board in the supported living scheme's dining room. Relatives informed us that they knew how to complain if they had concerns. Complaints recorded had been promptly responded to

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before they moved into the supported living accommodation. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people's representatives and were personalised. Relatives confirmed that they had been consulted and their views were taken account in the delivery of people's care. The registered manager informed us that they worked with visiting professionals such as a behaviourist and a bereavement therapist so that people's special and individual needs could be met. In addition, the care plans of some people contained crisis plans so that support workers could pick up warning signs of deterioration in people and access professional help.

Support workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they had a medical condition which required regular monitoring. A monitoring chart in the care records had been completed. Support workers were aware of this and the arrangements for summoning emergency assistance if needed.

Annual reviews of care had been carried out and relatives had been invited. This was confirmed by them. Two relatives informed us that the service kept them informed of people's progress. However, a third relative said that they were not always kept informed of progress. The registered manager stated that he would ensure that there is close communication with all relatives. He also said he would arrange for regular meetings with relatives.

We spoke with two support workers who were providing one to one support. They were able to tell us the specific problems which may be encountered and how they would manage people to reduce risks to this them. One support worker was able to describe how they provided support to a person if they were restless or unsettled while out in the community.

We noted that the service had experienced difficulties in caring for one person. The registered manager informed us that following a review of their care, this person was due to move to the care of another service so that appropriate support could be provided.

The service had assisted people in accessing appropriate activities within the community. Activities arranged for people included walks, drives, shopping, computer games, holidays, attendance at day centres and religious places of worship. The day centre had provided swimming and horse riding sessions for some people. A musician visited the service weekly to play music for people. Two people went out to a park to have walks twice a week. One person had been visiting a local farm. One person was currently on the waiting list for special swimming sessions. A trip to the seaside was arranged this year for people. Two relatives stated that more activities should be provided for people to ensure they were stimulated. The registered manager stated that they were aware of this suggestion. In response to this they had employed an activities co-ordinator who would be arranging for people to engage in more activities.

Is the service well-led?

Our findings

We received positive feedback regarding the management of the service. Relatives expressed confidence in the management of the service. One relative said, "I am happy with the management. The manager is very co-operative." Another relative said, "We are satisfied. Staff are doing their job. The manager is a very nice person."

Feedback from two care professionals indicated that they were satisfied and had no concerns regarding the management of the service. One professional stated that they were impressed with the care documentation and diligence of care workers and would highly recommend the service. Another stated that the service was well managed, the records were well maintained, clear, thorough and well-presented.

The service had essential policies and procedures to provide guidance for support workers. These included the safeguarding procedure, medicines policy and complaints procedure. The registered manager and support workers were aware of the aims and objectives of the service to respect people, provide a high quality care and encourage people to be as independent as possible.

The service had the necessary checks and audits for ensuring quality care. Unannounced checks had been carried out by the head of operations, the registered manager and other senior managers of the company. Other checks such as checks on health and safety, MAR charts and care documentation were carried out by the registered manager and deputy manager. These led to improvements being made where deficiencies were identified.

Satisfaction surveys of the service and care provided had been carried out. The latest survey indicated that relatives were mostly satisfied with the services provided. However, some suggestions were made for improving the service. These included more activities and closer monitoring of meals provided. The registered manager informed us that an action plan would be prepared following the survey.

The service had a management structure. The registered manager was supported by a deputy manager. The Head of operations provided manager support for the registered manager.

There was a record of compliments. Comments made included the following:

"My relative is being cared for and looked after very well. I have confidence in the staff and we have a very good rapport."

"I really appreciate all the support and co-operation I get from all the staff at L.G."

"Thank you very much for the excellent job in looking after my relative."